

Best Practices in Mental Health Services in Nursing Homes

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Overview

- **Defining the Need: What does research show about unmet need for mental health services in nursing homes?**
- **What does research show about effectiveness of mental health services in nursing homes?**
- **What are best practices ?**
- **How do surveyors support best practice ?**

Unmet Need

- **Approximately 1/5 of nursing home residents with an identified psychiatric disorder saw a mental health specialist**
- **Least likely to see a mental health specialist: Oldest and most physically impaired**
- **Most Likely to see a specialist: Diagnosis of depression or schizophrenia**

(Medical Expenditure Survey Data, Shea et al., 1994)

1992 National Telephone Survey of Nursing Homes

Medicare & Medicaid-Certified NHs in 50 states

- **46%** : MH specialists resistant or hesitant to serve NH residents
- **75%** residents with MH problems served outside of the facility
- **53%** difficult to obtain psychiatric services
 - **Low Reimbursement and Scarcity of Geriatric Psychiatrists**

(Lombardo & Sherwood '92)

Unmet Need

Survey of Nursing Homes in 6 States:

- **38%** of Nursing Home Residents Judged to be in Need of Psychiatric Evaluation
- **1/2** have “Adequate” frequency of psychiatric consultation
- **Greatest Unmet Need: Rural and Small Nursing Homes**
- **Consultation on Non-pharmacological interventions and Staff Education- Inadequate in 3/4 of homes**

Unmet Need

55% of Residents have unmet Mental Health Service Needs Among Those Referred for Evaluation

(Borson et al., 1997)

Conclusion

- **Substantial Unmet Need**
- **Most Appropriate Services Not Reaching Appropriate Residents**

Mental Disorders In Older Persons: “We Know Treatment Works”

- **Surgeon General’s Report on Older Adults and Mental Health (1999)**
- **Older Adults and Mental Health: Issues and Opportunities (Administration on Aging 2001)**

Case Example: Depression

- Antidepressant Medication and Psychotherapy are As Effective in Older Adults as in Younger Persons

(Surgeon General's Report 1999)

Case Example: Alzheimer's Disease and Associated Problem Behaviors

- **30-40% : Depression, Paranoia, and Agitation**
- **Currently Available Medications Can Improve Cognitive Functioning and Reduce Symptoms**
- **Behavioral Management Can Be Effective in Addressing Agitation in Dementia**

(Surgeon General's Report 1999)

Evidence for Effectiveness of Mental Health Services in Nursing Homes

What Do We Know?

Effectiveness of Mental Health Services In Nursing Homes

- **Data on Impact of Services in 4 Outcome Areas:**
 - 1) Resident Symptoms and Functioning**
 - 2) Resident Acute Service Use**
 - 3) Nursing Home Staff Functioning**
 - 4) Physician Prescribing**

Effectiveness of Extrinsic Mental Health Service Models On Resident Symptoms and Functioning:

Uncontrolled, Descriptive Studies

	N	Model	Method	Improved
Goldberg (1970)	40	Psychiatrist/ Psych. Nurse	Provider Descriptive	78%
Santmyer (1991)	100	Nurse-Centered & Psychiatrist	Provider Descriptive	68%
Swartz (1999)	32	Psychiatrist	Provider 7-Point	51%
Samter (1994)	108	Nurse-Centered & Psychiatrist	Provider Descriptive	51%

Effectiveness of Extrinsic Mental Health Services on Resident Symptoms and Functioning: Randomized-Controlled Studies

Aimes (1990): n=93

Model: Psychogeriatric Consultation Team

Method: Randomized Controlled Study

Depression rating and ADL performance

Intervention: Psychogeriatric Team Recommendations
vs. Usual Care

Outcome: No Difference Between Intervention and
Control Group-- **However, only 1/3 (27 of 81)**
Recommended Interventions Implemented

Effectiveness of Mandated Review and Recommendations for Mental Health Services

Snowden (1998): n=523 (statewide sample)

Model: Mandated PASSAR Level I Screens

Method: Retrospective Review of PASSAR evaluations, recommendations, and Medicaid Administrative Billing Records for Services 1992-1993

Outcome: Compliance Rates with Recommendations

Alternative Placement: 29%

New Mental Health Services: 35%

(73% for Medications, 7% for Psych. Evaluation)

Effectiveness of Mental Health Services: Resident Acute Service Use

Model: Mental Health Consultation

Method: Descriptive, (non-randomized,
no comparison group, small study samples)

Outcomes:

Reduced Acute Hospitalization

(Goldberg, 1970, Dawson 1975, Freedberg 1975, Walker 1976)

Reduced Acute Emergency Service Use

(Walter 1976; Tourigny-Rivard 1987)

Effectiveness of Mental Health Services: Resident Mortality

- Descriptive 2 year follow-up 1985, 1987 NNHS (N=4,646 residents)
- Psychiatric Disorders:
Received vs. Not Received MH Specialist Tx.
- 26% lower Mortality for Schizophrenia, other psychoses, and anxiety disorders
- No differences Overall or other Diagnoses after Controlling for Resident-facility Characteristics

(Castle & Shea, 1997)

Effectiveness of Educational Intervention on Physician Prescribing of Psychiatric Medications: Randomized Clinical Trials

	Model	Method	Outcomes
Avorn (1992)	Educational Academic Detailing	RCT	Decline in Inappropriate Medication Use
Ray (1993)	Educational	RCT	Decline in Antipsychotic Use 72% vs. 13%

Effectiveness of Extrinsic Mental Health Service Models On Nursing Staff Functioning:

Uncontrolled, Descriptive Studies

	Model	Outcomes
Sbordone (1983)	12-week Consultation & Training Program	Staff Turnover 74% > 34%
Smith (1994)	Train-the-Trainer Nurse-Centered	Improved Staff Knowledge/ Performance
Smyer (1993)	CNAs Skills Training & Job Re-design	Improved Staff Knowledge/ Performance

Summary

- **Descriptive Research Studies Support Effectiveness of Mental Health Services**
- **1/2 to 3/4 of residents improve--
Multidisciplinary treatment favored**
- **Promising Finding on Decreasing Hospitalizations, Emergency Services**
- **Educational/Training Programs Appear to Improve Staff Knowledge, Performance, and Decrease Turnover**
- **Geriatric Psychiatrist as Treatment Team Leader**

Conclusions

- **Current Services: Generally Inadequate**
- **Least Effective:** “As needed” Traditional Single Visit C-L Model
- **Most Effective:** (1) Routine Presence of Multidisciplinary Team, (2) Discipline-specific Consultation and Training, complemented by (3) “Train-the-trainer” On-site Nurse Specialist

Best Practices in Models of Mental Health Services—what to look for

- 1) Multidisciplinary Team Model**
- 2) Expertise and Qualifications in Geriatric Psychiatry**
- 3) Individualized Assessment, Treatment Planning, and Follow-up**
- 4) Collaborative Treatment Planning Between Consultants and Nursing Home Staff**
- 5) Staff Education in Identification and Management of Mental Health Problems**